

## Introduction

In 2008, the American Organization for Nursing Leadership (AONL) hosted a group of health care professionals to participate in a *Day of Dialogue™ for Building the Hospital for the Next Generation*. The group—consisting of nurse executives, architects and engineers—identified valuable assumptions and principles for stakeholders involved in designing and building hospitals for the next generation.

## Assumptions

- Change has become a constant in our environment and the rate of change is increasing, making the future more difficult and complex to predict.
- The current health care system—operationally and financially—is not sustainable and this creates a mandate for change.
- Significant change will be necessary. Incremental solutions will not accomplish transformational change.
- Due to the present state of health care and the mandate for change, a riskier decision-making environment exists. As a result, there is a perception that maintaining the status quo will lessen risk.
- Characteristics of transformational change will include:
  - Inclusivity and a need to seek input from future-oriented thought leaders and process experts.
  - Integration that links all components of the organization
  - A system-based approach and an integrated plan to achieve outcomes.
  - Achievement of goals demonstrated by positive and measurable results.
- The process of moving to a new future state will be evolutionary, eventually creating an environment where change is consistently embraced.
- The planning process for any project is as important as the final outcome because it is through the process that buy-in to solutions is achieved.
- Planning is dynamic in nature and grounded in the science of complex adaptive systems (CAS).
- The planning process for a hospital building project presents a singular opportunity to effect transformational change to the platform from which the business of health care is delivered. This process does not end with design.
- An effective planning process will lead to environments that are:
  - Efficient and effective
  - Patient- and family-focused

- Flexible and adaptable

Based on the above assumptions made for the hospital for the next generation and the *AONL Guiding Principles for Future Patient Care Delivery*, the following guiding principles have been developed to guide chief nurse executives and hospital leaders.

## **AONL Guiding Principles**

**Stakeholders involved in the design and construction of new facilities must have a mutual understanding of each stakeholder's respective language.**

- There is a defined discipline-specific taxonomy for facility planning.
- Definitions of common terms/concepts are required to minimize individual interpretation.

**Operations and facility design must be mutually supportive. The vision for how care is to be delivered informs operational planning. Good facility design enables the operational plan and supports the vision of care delivery.**

- Design is constantly evolving—it is a dynamic, living relationship.
- Circular flow of the process: vision informs operations which drives design which includes metrics that result in translational change.

**The first step of facility design development is a planning process that begins with a shared, aligned vision which has identified champion(s) for that vision.**

- A clear direction for the future vision and assumptions is required for change and evolution.
- The project must embody the vision.
- All stakeholders must be aligned with the vision.

**Roles and processes must be clearly defined before operational and facility planning begins and will serve as a road map for design and implementation.**

**Internal/external policies and regulations should be leveraged to promote mutual growth, development, progress and excellence in patient care.**

- Partner evidence/outcomes with regulation in pursuit of excellence
- Build strong supportive relationships with regulatory agencies.

**Clear metrics for success must be established at the beginning and tie to the vision. Metrics should be quantitative, qualitative and performance based.**

**Current facilities should be optimized before embarking on building a new facility.**

**Continuous scanning of the environment will identify future trends that will impact the processes/project. Trends can be incorporated when possible and appropriate, thus providing potential improvements to patient care.**

**Build change process into the project so flexibility can be continually maintained.**

- Set and manage expectations in a way that imbeds flexibility. This should happen up front and continually over the life of the project.

- Define who takes leadership responsibility and leads the process/project.
- Establish the premise of partnership and collaboration with project stakeholders.

**The chief nurse executive (CNE) must take a leadership role in creating a culture of innovation for high-quality patient care operations and facility design, and must:**

- Be involved, beginning at the strategic planning phase.
- Challenge current operations thinking and activity.
- Understand organizational readiness for change.
- Define transitional changes and transformational changes.
- Act as a convener in order to remove barriers and eliminate silos and identify the team to be convened.

**Adequate funding for change should be incorporated into the project budget and timeline.**

- Assure the building of the future will be able to be adapted for change.

**Priorities for the hospital organization should be based on the broader strategic plan.**

- The chief nurse executive will play a pivotal role in defining this strategy.

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